MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -63-901930

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1. PLACE OF DEATH 1. PLACE OF DEATH JACKSON 2. USHAL RESIDENCE (Where decased lived. If institution, Residence before semistry of the COUNTY JACKSON 2. STATE 2. STAT	DO NOT WRITE ON THIS STUB	· .	AMEN.	4DED	·]	1			DISTRICT NO. /- O-D			3 U		
NS 300 Rev. 4/59				- -	-	1 7.	PLACE OF DEATH	1000						
ADDRESS Comparison Compari)	<u>@</u> 1	\Box		1	١, _	L COUNTY JACKSON			<u>li .</u>	SOURI 6. CO	JACKSOL	4	admission)
ACCIDENT OF MAN HOSPITAL, KC., MO. VILLY NO. 1232 WASHINGTON VILLY NO.	Rev. 4/59	ĮŽι			1	1-	∩P '	OWNSHIP only)		II OR			- 1	
ACCIDENT OF MAN HOSPITAL, KC., MO. VILLY NO. 1232 WASHINGTON VILLY NO.	,	NE I	1		1	1_				I tówn K				'es 🔯 No 🗆
3 . MARE OF BECASED First Models Last DATE Month Day Year Organia Company of the	<u> </u>	<u> </u> ¥	1	-	1	1-	c. FULL NAME OF (If NOT in hospital, give HOSPITAL OR		Inside Limits	d. STREET	(If c	outside, give location	, I "	
3 . MARE OF DECEASED First Middle Last Copy of	23118)AT			1	1_	INSTITUTION VA HOSPITAL,	KC., MO.	Yes 🗓 No 🗆		1232 WAS.	HINGTON	Y.	Yes D No 🔀
S. SEK 6. COLOR OR RACE 7. MATINE 1. SEK 6. COLOR OR RACE 7. MATINE 8. J. SEK 6. COLOR OR RACE 7. MATINE 8. J. SEK 6. COLOR OR RACE 7. MATINE 8. J. SEK 9. SEK 9		一片	+	+	┪	¶	NAME OF DECEASED First	M		Last	_ OE '			
S. SEX MALE S. SEX MALE S. COLOR OR PACE 7. MANTED Never MATHED 8. ADE (SHETH IN 1994) 1. MANTED 1.		1			1	1	EARL			LER.	DEATH	JUA JANUARY	Y 1, 1	1963
The USHALO CCUPATION Give kind of out done to the three tenters of the tenter of the kind of out done to the tenter of the tente	4 0	1				-	I		Never Married	8. DATE OF BIRTH	H 9. AGE (last b	birthday) IF UNDER	1 YEAR IF	IF UNDER 24 HR
TO USUAL OCCUPATION Give kind of work done of the property of the part of the	5 3	1						_			<u> 55</u>		_	
13. FATHER'S NAME PART II. OHER SIGNATURES OF DEATH AND EAST OF DEATH OF NAME OF HUSBAND OR WIFE TO DEATH OF NAME OF HUSBAND OR WIFE FRANK D. WHEELED CORPY THORNBERG TO DEATH HOSPITAL OF TICLE AND THORNBERG THE SECONDARY OF THE SEC		, 1			1	10.	USUAL OCCUPATION (Give kind of work a	Tone 10b. KIND OF L		RY 11. BIRTHPLACE	E (City and state or o			IAT COUNTRY
13. FATHER'S NAME PART II. OHER SIGNATURES OF DEATH AND EAST OF DEATH OF NAME OF HUSBAND OR WIFE TO DEATH OF NAME OF HUSBAND OR WIFE FRANK D. WHEELED CORPY THORNBERG TO DEATH HOSPITAL OF TICLE AND THORNBERG THE SECONDARY OF THE SEC		<u>خ</u> ا				١	RUCK DRIVER	TRANSFE	ER Co.	MOUNTAIN V	GROVE, MO	TAME OF WITH	S.A.	
15. WAS DECASED EVER IN U.S. ARMED FORCES? 9/02/1 10 10 10 10 10 10 10 10 11 10 10 10 11 10	70	됩 .				13a	FATHER'S NAME	13b. MO			14. N	AME OF HUSBAND C	JK WIFE	
VA Hospital Official Records, K.C., Mo. VA Hospital Official Records, K.C., Mo. Oniver Leathers Bro, Kansas City, Mo. Will 18. CAUSE OF DEATH (Enter only one cause per III) 10. ONSET AND DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TUberculous pneumonitis of both lungs, severe Conditions, if any, which gave rise to above cause [a]. VA Hospital Official Records, K.C., Mo. Oniver Leathers Bro, Kansas City, Mo. Onset And Death (Enter only one cause per III) 12/6 - O SUBJECT (Conditions) of DEATH (Enter only one cause per III) 13	x /	1 1			1				COREY THORN	BERG UZ. INFORMASH	n,	Address	••	36
MANDELATE OF HOME SIGNATURE OF THE PART II. DEATH WAS CAUSED BY: III	-/	· 1 1					no, or unknown) (if yes, give war or dates			VA Hospita	U Officia	u Records,		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tuberculous pneumonitis of both lungs, severe Conditions, if any, which gave rise to above cause (a). Straing the under lying cause last place of the last pla		Ä			=	1-	LEAS WW II	per li		uliver Le	ethers Br	ro, Kansas \		VAL BETWEEN
Conditions, if any, we show a surple of the property of the straing the understook above acuse [4]. 13	10 1	i 1			E I	1			Jour province	vnitie 🗢 -	noth limes	1. genero	ONSE	TI AND DEATH
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STATE STAT		일			ğ	1	Conditions, if any. 1 DITE T	TO (b). Advance	d active to	berculosis	tumer lo	obes. both	lungs	·
STATE STAT	1276 - O	STE				1	which gave rise to above cause (a), }					_,		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal was there a pregnancy in last 70 days. PART III. If deceased was female was there a pregnancy in last 70 days.	13	┗┢┤	++	+	-	1	stating the under-) (ying cause last.) DUE 1							
NOT WHILE AT WORK Death occurred at 3105 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. 220. SIGNATURE JUN SOCA, M. (Sparce or title) 220. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART 1 or PART 11 of item 18.) 241. Mark AUTOPSY PERFORMED? YES ON NO Unknown 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED.		5				18	PART II. OTHER SIGNIFICAN	VI CONDITIONS COL	NTRIBUTING TO DEAT.	TH but not related to	to the terminal			
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The state of the s	ů	Z ,				¶발].			20b. DESCRIBE HOV	W INJURY OCCURRE	D. (Enter nature of	, , –		
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The state of the s	-	핗 :	1			13	20c. TIME OF Hour Month, Day, Year	7					. , .	
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NOT WRITE A WORK 1962 1963 1964 1965 1966						1 1	Vid. INJURY OCCURRED 20e. PL KALL	LACE OF INJURY (e.g. rm, factory, street, of	i., in or about home, . fice bldg., etc.)	20f. CITY, TOWN, C	UK LOCATION	COUNTY	•	SIAIE
226. DATE SIGNED 226. SIGNATURE 226. SIGNATURE 226. DATE SIGNED 227. DATE SIGNED 228. ADDRESS VA Hospital, K.C. Mo. 1-2-63 238. BURIAL/CREMATION, 236. DATE 238. BURIAL/CREMATION, 236. DATE 238. NAME OF CEMETERY OR CREMATORY 238. DATE 24. FUNERAL DIRECTOR ADDRESS 25:: DATE RECO. BY LOCAE REG. 26. REGISTRAR'S SIGNATURE 27. FUNERAL DIRECTOR ADDRESS 28. DATE SIGNED 29. DATE SIGNED 20. DATE SIGNED 21. DATE SIGNED 22. DATE SIGNED 22. DATE SIGNED 23. DATE SIGNED 23. DATE SIGNED 23. DATE SIGNED 24. DATE SIGNED 25. DATE SIGNED 26. DATE SIGNED 27. DATE SIGNED 27. DATE SIGNED 28. DATE SIGNED 29. DATE SIGNED 20. DATE SIGNED 20. DATE SIGNED 20. DATE SIGNED 20. DATE SIGNED 23. DATE SIGNED 24. DATE SIGNED 25. DATE SIGNED 25. DATE SIGNED 25. DATE SIGNED 26. DATE SIGNED 27. DATE SIGNED 27. DATE SIGNED 27. DATE SIGNED 28. DATE SIGNED 29. DATE SIGNED 20. DATE SIGNE				` [¶	NOT WHILE AT WORK			30/0	111111111	7///		
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STATEMENT BY LICENSED EMBALMER

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